Introduction to Admissions and Dispositions (A&D)

Terminal Learning Objectiv

ntify Admission and Dispositi
ms associated with the
ient Accountability Branch
V AR 40-400 and the
mposite Health Care System
ICS)

Enabling Learning Objective

t the Admissions processes

ine Admission

cuss Management and Accountability of
spitalized Patients

ntify the types of Admissions

Enabling Learning Objectiv

uss the lengths of Hospitalization for Act
Soldiers

he Disposition

tify the types of Dispositions for Active D

tify the types of Dispositions for Nonmili
nts

Enabling Learning Objective

fine the Supplemental Care Program

fine Subsisting Out Status

fine Inter-ward transfer

ntify the types of patient accountability
orts mostly used by Chiefs of PAD

Admitting Processes

Admission processes include but are not limited too

1. **Verifying eligibility for care**
2. **Collecting other information required for preparing medical records and reports**
3. **Initiating the inpatients treatment record (ITC)**
4. **Furnishing information to patients concerning advanced directives, living wills, and organ donation**
5. **Obtaining insurance information**

Admitting Processes

6. Identifying patients / Prepare all needed paperwork. (ID Bands)
7. Inventorying personal effects and clothing
8. Receiving Patient Trust Funds
9. Coordinating air evacuations and transfers of patients
10. Providing Reports for information management and accountability of patients
11. Advising patient of financial

What is an ADMISSION?????

mission: When a Medical Officer admits
atient to the hospital.
e hospital provides room, board
l continuous nursing service.

Management and Accountability of Patients

Military patients:

The MTF commander has administrative authority to rict liberty of a patient under his or her command as t is necessary for proper medical care and treatment.

Ward absences may be granted by clinical personnel f rt absences not past 2400 hours. Applicable charges an occupied bed day will accrue during the absence.

Absences past 2400 hours may be in a subsisting status and can be granted.

Management and Accountability of Patients

Nonmilitary Patients:

Nonmilitary patients admitted to an MTF have a
sponsibility to conform to the rules and regulations
verning the operation of the facility.

If a patient has no right to medical care, fails or refu
comply with the facility rules and regulations, he, or s
ay be discharged from the facility at the direction of t
TF commander.

Nonmilitary patients who are well enough to be absen
om the facility will be discharged instead of being put
ss. Passes will not be granted to nonmilitary patients

Management and Accountability of Patients

atient Property:

overnment property:

1). Military patients sent to an MTF will leave individu
pons and organizational equipment with their unit. If
ent brings Government property to an MTF, it will be
erly safeguarded.

). When a patient is admitted, his or her personal effe
be inventoried immediately and Government-owned we
other organizational equipment will be returned to th
ent's assigned unit, if possible, and a receipt obtained
with the Patients Personal Effects and Clothing Recor

Management and Accountability of Patients

(3). Weapons that cannot be immediately returned to the parent unit will be receipted t the local military police. If other Government equipment cannot be returned to the unit, the commanding officer of the medical holding unit (MHU) or medica company will place it in the custody of their supply personnel.

Management and Accountability of Patients

ersonal Effects:

tient clothing and baggage will be secured based upon
for 4160 (Patients Personal Effects and Clothing Rec
ll be used to account for patient's clothing.
form 3696 (Patient Trust Fund) will be used to accou
r patient's funds and valuables.

Admissions

1. **Direct Admission from other than Emergency Room or APU-any clinic within your hospital except the ER (DIR)**
2. **Direct Admission from Emergency Room (ERA)**
3. **Absent Sick – AD patient admitted in a Civilian hospital (ABS)**
4. **Direct Admission from Absent Sick - AD patient transfer to your MTF from a Civilian hospital (ABI)**

Admissions

5. Admission from Emergency Ambulatory Record (EAR) (APA)

   A. Ambulatory Procedure Visit (APV)

   B. Observation Record

6. Transfer –

   a. civilian hospital (CIV)

   b. Air Force hospital (TAF)

   c. Army hospital (TAR)

   d. Navy hospital (TNF

Admissions

7. Carded for Record Only - arrives at your facility dead (CRO)

8. Newborn (NB)– Baby born in your hospital

9. Remain overnight (RON)

Lengths of Stay

ersonnel on AD for more than 30 days who are likely
medically fit for return to duty with in 12 months are
maximum hospital benefits.

s not likely to be medically fit for return to duty within
onths will be processed for disposition after receiving
um hospital benefit. An Medical Evaluation Board (M
ysical Evaluation Board (PEB) is appropriate.

Army personnel who will require hospitalization or
lity processing beyond their term of service may be
led on active duty upon approval by U.S Total Army
nnel Command (PERSCOM) for officers and AR 635-20

Disposition

inpatient that has been evalu
duty restrictions and release
scharged) from the hospital

Dispositions For Military

1. Full Duty
2. CRO- Carded for Record other CROO
3. DAAP: Non disability separation for drug/alcohol abuse
4. Died during inpatient stay
5. Separation for failure to meet Med Procurements
6. DOA: Carded for record only died out of MTF
7. Transfer discharges
8. Referral to PEB/MEB discharges

Dispositions For Military

9. AWOL- Absent with out leave
10. Separated
11. KIA- Killed in action CRO
12. ERD Patient Died in Facilities Emergency Room(CRO)
13. Hold- Patient discharged to Medical Hold Company.

Dispositions for Nonmilitary Patients

1. AMA: Left against Medical Advice
2. DCH: Discharged to Civ Acute Care Facility
3. DCN: Discharged to Civ Long term Psychiatric Facility
4. DCR: Discharged to Civ Care Facility or Rehab Facility
5. CRO: CRO other Admission Referral to

Dispositions for Nonmilitary Patients

6. Died
7. DOA: Died before arriving at your facility
8. ERD: Emergency Room Death (CRO)
9. Home: Discharged to home
10. TAF: Transfer to Air Force Facility
11. TAR: Transfer to Army Facility
12. TNF: Transfer to Navy Facility

Define The Supplemental Care Program:

DoD may use funds to obtain civilian health care for eligible beneficiaries when that care is not available in the MTF. The primary use of supplemental care is to insure that AD soldiers receive all necessary health care services. AD patients receiving inpatient supplemental care in another facility will not be counted as occupying a bed in an Army MTF but will be continued on the inpatient census. The patient will be accounted for under "change of status out" on the A&D report.

Define Subsisting Out Status:

Military patients may be permitted to live outside the MTF in subsisting out status while receiving required medical care. Subsisting out status applies to inpatients whose constant presence in the hospital is not essential to treatment. Arrangements for subsistence and lodging must be acceptable to the MTF commander. Lodging used by subsisting out patients will be located within the vicinity of the MTF. This status is not used when another means, such as leave, is more appropriate or
When the patient's needs can be met as an outpatient. When patients subsist elsewhere.

Interward Transfer

When a patient is moved from one ward to another ward in the same hospital.

Example: A patient is on ward 5E the Surgical Intensive Care ward at BAMC. The patient has recovered to the point where he can be transferred to the Surgical Ward 4B

PATIENT ACCOUNTABILITY REPORTS

- Admissions and Dispositions
- Ward Roster
- Alpha Roster
- Recapitulation Table

PATIENT ACCOUNTABILITY REPORTS

Admissions and Dispositions Report **

Purpose: A 2400hr report that accounts for all patients on hospital rolls by type of Transaction (i.e. gains, losses, disposition)

Distributed to department and nursing Chiefs IAW local SOP

As Chief of PAD of a Medical Treatment Facility (MTF), this report is typically discussed in morning meetings which are held by the Deputy Commander of Clinical Services or a representative.

Any significant issues with Admissions or Eligibility are addressed during the morning meeting

SAMPLE ADMISSIONS AND DISPOSITION TABLE EXTRACT FROM CHCS

AMEDDCS CHCS - KEA! 420

File Edit View Tools Options Help

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TRAINING HOSPITAL                                    21 Jun 2001 0909      Page 1
                Personal Data - Privacy Act of 1974 (PL 93-579)

                     PERIOD ENDING 2400 HOURS 20 Jun 2001

                  * * * ADMISSION AND DISPOSITION REPORT * * *

-------------------------------------------------------------------------------
REG NO     PATIENT NAME       PNT      DUTY ADDRESS/        TYPE CASE  TIME WARD
  FMP/SPONSOR SSN  RANK       CAT      RELATIONSHIP                     FS
-------------------------------------------------------------------------------


******************************** GAINS (ADMISSIONS) ********************************

------------------------ DIRECT ADMISSION TO HOSPITAL -----------------------




Press <RETURN> to continue or '^' to quit
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Hold

Select 1,1 to 24,81 on page 1

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PATIENT ACCOUNTABILITY REPORTS

Alpha Roster **

Purpose: A report that accounts for all patients on hospital rolls by name.

Frequently used by MTFs for the Information desk

SAMPLE OF ALPHA ROSTER

AMEDDCS CHCS - KEA! 420

File Edit View Tools Options Help

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TRAINING HOSPITAL                                    21 Jun 2001 0912   Page 2
Personal Data - Privacy Act of 1974 (PL 93-579)
================================================================================

                * * * ALPHA ROSTER OF HOSPITAL INPATIENTS * * *
                                FOR 21 Jun 2001
--------------------------------------------------------------------------------
Patient Name                          PATCAT      DOB                  FMP/SSN
   Rank    Sex    Type Case                       Abs Status           Adm Date
   Reg No         Ward                MEPRS       Religion
--------------------------------------------------------------------------------
ALCOTT,BARBARA B                      F12         23 Aug 1979          20/100-10-6738
   AB      F      DIS                             BO                   18 Jun 2001@0800
   0080014        2C                  AAAA        ROMAN CATHOLIC

ALCOTT,CHARLES C                      F12         24 Aug 1979          20/100-10-6739
   AB      M      DIS                             BO                   18 Jun 2001@0800
   0080015        2C                  AAAA        ROMAN CATHOLIC

ALCOTT,DONNA D                        F12         25 Aug 1979          20/100-10-6740
   AB      F      DIS                             BO                   18 Jun 2001@0800
   0080016        2C                  AAAA        ROMAN CATHOLIC

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PATIENT ACCOUNTABILITY REPORTS

Ward Roster **

Purpose: A report that accounts for all patients on hospital rolls by ward.

Frequently used by PAD to verify patient count on the ward.

SAMPLE OF WARD ROSTER

AMEDDCS CHCS - KEA! 420

File Edit View Tools Options Help

TRAINING HOSPITAL 21 Jun 2001@0915 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * WARD ROSTER: 21 Jun 2001 * * *

Patient Admission Date	Register #	Grade/Rank MEPRS CODE	FMP/SSN Ward	Category Room/Bed	Absence
KAGAN,ALLAN A 20 Jun 2001@0700		AE3 AAAA	20/300-30-6511 10A	A11 1007-B	
KAGAN,BARBARA B 20 Jun 2001@0801		FE1 AAAA	20/300-30-6611 10A	F11 1002-A	
KAGAN,CHARLES C 20 Jun 2001@0821		AE3 AAAA	20/300-30-6711 10A	A11 1001-B	
KAGAN,DONNA D 20 Jun 2001@0800		NE4 AAAA	20/300-30-6811 10A	N11 1002-B	

Press <RETURN> to continue, or '^' to stop

Select 1,1 to 24,81 on page 1

PATIENT ACCOUNTABILITY REPORTS

*****RECAPITULATION TABLE*****

Purpose: A statistical report that accounts for all patients on hospital rolls by patient Category. Reflects only Numbers.

Used to extract information for Bed Status reporting

SAMPLE RECAPITULATION TABLE EXTRA

* * * ADMISSION AND DISPOSITION RECAPITULATION BY PATIENT CATEGORY * * *
PERIOD ENDING 2400 HOURS 20 Jun 1990

Patient Category	PREV DAY	GAIN	LOSS	CURR DAY	SUB ELSE	ABS SICK	SUPL CARE	OTHER ABS	TOTAL ABS	NEW BORN	BED TOTAL
A11 USA AD ENLISTED	71	0	0	71	0	2	0	0	2	0	69
A11 USA AD OFFICER	480	115	20	575	0	281	0	0	281	0	294
A15 USA NG ENLISTED	21	0	19	2	0	0	0	0	0	0	2
A41 USA DEP AD, EXC FORM SPOUSE	1	0	0	1	0	0	0	0	0	1	2
F11 USAF ACTIVE DUTY	280	11	12	279	0	0	0	0	0	0	0

Patient Administration
The Cornerstone of Concerned Health Care

QUESTIONS?

Summary
Enabling Learning Objectives

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Summary
Enabling Learning Objectives

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Define Subsisting Out Status

Define Inter-ward transfer

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Reports mostly used by Chiefs of PAD

Finally All Done, enjoy your break.